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Approved for use through 10/31/2002.	OMB 0651-0032
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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. TI-35330

First Inventor Jiong-Ping Lu, et al.

Title Copper Surface Passivation During Semiconductor Manufacturing

01	(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express I	Mail Label No.	EV334469136US		4		
	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application cont	tents	ADDRESS TO	Assistant Comn Box Patent App Washington, DC		2190		
1.	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status.		/ Comp	OM or CD-R in duplicate, la uter Program (Appendix) and/or Amino Acid Seguenc				
2	See 37 CFR 1.27.			e, all necessary)	e Submission			
3.	Specification [ Total Pages (preferred arrangement set forth below)	14	] a.	Computer Readable For	•			
	- Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)		i. ii. c.	CD-ROM or CD-R paper  Statements verifying ider  PANYING APPLIC	(2 copies); or			
	- Abstract of the Disclosure		9. Assig	nment Papers (cover she	eet & documents(s))			
4.	X Drawing(s) (35 U.S.C. 113) [ Total Sheets	4		R 3.73(b) Statement there is an assignee)	X Power of Attorney			
5.	Oath or Declaration unsigned [ Total Pages	1	] 11. Englis	h Translation Document	(if applicable)			
	a. X Newly Executed (original or copy)			ation Disclosure nent (IDS)/PTO-1449	Copies of IDS Citations	<b>;</b>		
	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 complete	ed)	13. Prelim	ninary Amendment				
	DELETION OF INVENTOR(S)			Receipt Postcard (MPEP ld be specifically itemized)	503)			
	Signed statement attached deleting inventor application, see 37 C			ed Copy of Priority Docume ign priority is claimed)	ent(s)			
	1.63(d)(2) and 1.33(b).		16 (b)(2)(	est and Certification under 3 B)(i). Applicant must attach	35 U.S.C. 122 form PTO/SB/35			
6.	Application Data Sheet. See 37 CFR 1.76		17. Other:	equivalent.				
	If a CONTINUING APPLICATION, check appropriate boin an Application Data Sheet under 37 CFR 1.76:	x, and supp	ply the requisite inform	nation below and in a p	reliminary amendme	ent,		
Ŭ,	Continuation Divisional Continuation-in	n-part (CIP)		prior application No:	·			
For par	Prior application information: Examiner Group / Art Unit:  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.							
	19. CORRESPONDENCE ADDRESS							
[	Customer Number or Bar Code Label  (Insert Customer No. or Attach ber code label here)  or Correspondence address below							
N	AME Texas Instruments Incorporated	Texas Instruments Incorporated						
ΑL	ADDRESS							
	TY STATE	TX		ZIP CODE				
Ľ	OUNTRY TELEPHONE	(972) 91	7-4167	FAX	(972) 917-4418			
Name (Print/Type) Rose Alyssa Keagy Registration No. (Attomey/Agent) Reg. No. 35, 095								
Sid	oneture do Ala		hem/	Date	6/27/03	<b>,</b>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending open the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (1/98)
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	FEE TRANSMITTAL		Con	Complete If Known			
	· I LL IIVAIN	SIVILLAL	Application Number	TBD			
for FY 2003		Filing Date	Herewith				
			First Named Inventor	Ji ng-Ping, et al.			
			Examiner Name	TBD			
E	express Mailing Label No.:	EV334469136US	Group / Art Unit	TBD			
TOT	AL AMOUNT OF PAYMENT	(\$) 1.014.00	Attorney Docket No.	TI-35330			

The Commissioner is hereby authorized to charge to the following   Deposal Account   Commissioner is hereby authorized to charge to the following   Deposal Account   Commissioner   Com	TOTAL AMOUNT OF PAYMENT (\$) 1.014.00 Attorney Docket No. 11-35330							
Deposit Account   Texas Instruments Incorporated   100,000   100	METHOD OF PAYMENT			FEE CALCULATION (continued)				
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Charge any additional fee required or credit any overpayment   1652 50 2052 25   Surchange - late provisional filing fee or cover sheet.   Charge any additional fee required or credit any overpayment   1812 2,520 1812 2,520   For filing a request for reexamination   1812 2,520   For filing a fee   1814 2,520   For filing a fee   181							· · · · · · · · · · · · · · · · · · ·	ree Paid
Charge any additional fee		struments Incorporated					· ·	
Payment Enclosed:	Name	·	1002	50	2002	20		
2. Payment Enclosed:    Check   Money   Other   1805   1,840   1,840   1,84	required or credit any	any additional fee required or	1053	130	1053	130	Non-English specification	
Check			1812	2,520	1812	2,520	For filing a request for reexamination	
Substitution   Confer   Conf	2. Payment Enclosed	<b>i</b> :	1804	920*	1804	920*		
1. BASIC FILING FEE   Large   Entity   Small   Entity   Fee   Fe			1805	1,840*	1805	1,840*		
1.   BASIC   Tribute   T	FEE CALC	ULATION	1251				Extension for reply within first month	. 4
Large	1. BASIC FILING FEE		l .					
Fee	,							===
Code   (\$)   Code   Code   (\$)   Code   Co		Fee Description Fee Paid	ł					
1002   330   2002   165   Design filing fee   S   1403   280   2402   160   Filing a brief in support of an appeal   Regular tiling fee   S   1403   280   2402   160   Filing a brief in support of an appeal   Regular tiling fee   S   1403   280   2403   140   Request for oral hearing   1451   1,510   14		·	1255	1,960	2255	980	Extension of time within fifth month	
1002   330   2002   165   Design filling fee   S   1402   320   2402   160   Filling a brief in support of an appeal   1403   150   2003   150   2003   255   Plant filling fee   S   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1451   1,510   1,510   1451   1,510	1001 750 2001 370	Utility filing fee \$750	1401	320	2401	160	Notice of Appeal	
1003   510   2003   255   Plant filing fee   \$   1403   280   2403   1440   Request for oral hearing   1405   1510   1451   1,510   1451	1002 330 2002 165		1402	320	2402	160	Filing a brief in support of an appeal	
1004	. 1003 510 2003 255		1403	280	2403	140	Request for oral hearing	
1452   110   2452   55   Petition to revive - unavoidable			1451	1,510	1451	1,510	Petition to institute a pubic use proceeding	
SUBTOTAL (1)   (\$)750			1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES    1501   1,280   2501   640   Utility issue fee (or reissue)			1453	1.280	2453	640	Petition to revive - unintentional	
2. EXTRA CLAIM FEES	SUBTOTAL (1) (\$)750						•	
Total Claims   30			1502	460	2502	230	Design issue fee	
Total Claims 30	2. EXTRA CLAIM FEES		1503	620	2503	310	Plant issue fee	
Total Claims 30 -20**		Fee from	ł					
Total Claims  30 -20***	Extra C		1801	740	2801	370	Request for Continued Examination (RCE)	
Independent 4 -3** = 1 x 84 = 84    1809 740 2809 370 Filing a submission after final rejection (37 CFR 1.129(a))	Total Claims 30 -20**= 10	x 18 = 180°	1806	180	1806	180	Submission of Information Disclosure Stmt.	
Claims  Multiple Dependent  **or number previously paid, if greater, For Reissue, see below  Large Entity Fee Fee Fee Fee Fee Fee Fee Fee Gode (\$) 1202 18 2202 9 Claims in excess of 20  1201 84 2201 42 Independent Claims in excess of 3 1203 280 2203 140 Multiple dependent claims in excess of 3 1204 84 2204 42 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)264    Reduced by Basic Filing Fee Paid			8021	40	8021	40		
**or number previously paid, if greater; For Reissue, see below  Large Entity Small Entity Fee	Claims		1809	740	2809	370	Filing a submission after final rejection (37	
**or number previously paid, if greater; For Reissue, see below  Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Odd (\$)  1202 18 2202 9 Claims in excess of 20  1201 84 2201 42 Independent Claims in excess of 3 1203 280 2203 140 Multiple dependent claims in excess of 3 1204 84 2204 42 "Reissue independent claims over original patent  1205 18 2205 9 "Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$)264   Complete (if applicable)  Rose Ati/Ssa Keagy	Multiple Dependent 260 =			740	0004	070		İ
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	Rose Alvssa Keagy			/ <u> </u>			Reg. Number 3	5,095
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Signature I met um 6/27/03								